

SECTION 9 - PROPOSAL FORM

(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

| | |
|-------------------------|-------------------------------------|
| Full Name of Offeror | Novastaff Healthcare Services, Inc. |
| Main Business Address | PO Box 249 |
| City, State, Zip Code | Coal City, IL, 60416 |
| Telephone Number | 630-472-1122 |
| Fax Number | 630-472-1148 |
| Proposal Contact Person | David Sim |
| Email Address | manager@novastaff.com |

The undersigned certifies that he is:

- the Owner/Sole Proprietor
 a Member of the Partnership
 an Officer of the Corporation
 a Member of the Joint Venture

herein after called the Offeror and that the members of the Partnership or Officers of the Corporation are as follows:

Joanne M. Phillips, President
(President or Partner)

(Vice-President or Partner)

(Secretary or Partner)

(Treasurer or Partner)

Further, the undersigned declares that the only person or parties interested in this Proposal as principals are those named herein; that this Proposal is made without collusion with any other person, firm or corporation; that he has fully examined the proposed forms of agreement and the contract specifications for the above designated purchase, all of which are on file in the office of the Procurement Manager, DuPage Center, 421 North County Farm Road, Wheaton, Illinois 60187, and all other documents referred to or mentioned in the contract documents, specifications and attached exhibits, including Addenda No. 1, _____, and _____ issued thereto;

Further, the undersigned proposes and agrees, if this Proposal is accepted, to provide all necessary machinery, tools, apparatus and other means of construction, including transportation services necessary to furnish all the materials and equipment specified or referred to in the contract documents in the manner and time therein prescribed. Further, the undersigned certifies and warrants that he is duly authorized to execute this certification/affidavit on behalf of the Offeror and in accordance with the Partnership Agreement or by-laws of the Corporation, and the laws of the State of Illinois and that this Certification is binding upon the Offeror and is true and accurate.

Further, the undersigned certifies that the Offeror is not barred from proposing on this contract as a result of a violation of either 720 Illinois Compiled Statutes 5/33 E-3 or 5/33E-4, proposal rigging or proposal-rotating or as a result of a violation of 820 ILCS 130/1 et seq., the Illinois Prevailing Wage Act.

The undersigned certifies that he has examined and carefully prepared this proposal and has checked the same in detail before submitting this proposal, and that the statements contained herein are true and correct.

If a Corporation, the undersigned further certifies that the recitals and resolutions attached hereto and made a part hereof were properly adopted by the Board of Directors of the Corporation at a meeting of said Board of Directors duly called and held and have not been repealed, nor modified and that the same remain in full force and effect. (Offeror may be requested to provide a copy of the corporate resolution granting the individual executing the contract documents authority to do so.)

Further, the offeror certifies that he has provided services comparable to the items specified in this contract to the parties listed in the reference section below and authorizes the County to verify references of business and credit at its option.

Finally, the offeror, if awarded the contract, agrees to do all other things required by the contract documents, and that he will take in full payment therefore the sums set forth in the cost schedule.

PROPOSAL AWARD CRITERIA

This proposal will be awarded to the most responsive, responsible vendor meeting specifications based upon the highest score compiled during evaluation of the proposals outlined in the selection process.

The Contractor agrees to provide the service described above and in the contract specifications under the conditions outlined in attached documents for the amount stated.

X **Joanne Phillips** Digitally signed by Joanne Phillips
DN: cn=Joanne Phillips, o, ou,
email=manager@novastaff.com, c=US
Date: 2024.02.23 12:09:45 -06'00' **President**
(Signature and Title)

CORPORATE SEAL
(If available)

PROPOSAL MUST BE SIGNED FOR CONSIDERATION

Subscribed and sworn to before me this _____ day of _____ AD, 2024

My Commission Expires: _____
(Notary Public)

SECTION 8 – PRICE PROPOSAL

The contractor shall use the format below, indicating rates by position / shift for Year 1, Year 2 and Year 3 of the contract and other pricing consideration, including but not limited to:

- Overtime
- Cancellation Fee

Year 1

Hourly Rates by Position and Shift

| | M – F 7a-3p | M – F 3p-11p | M – F 11p-7a | Sat/Sun 7a-3p | Sat/Sun 3p-11p | Sat/Sun 11p-7a | Holiday 7a-3p | Holiday 3p-11p | Holiday 11p-7a |
|------------|----------------|-----------------|-----------------|------------------|-------------------|-------------------|------------------|-------------------|-------------------|
| RN | \$70.00 | \$70.00 | \$70.00 | \$70.00 | \$70.00 | \$70.00 | \$105.00 | \$105.00 | \$105.00 |
| LPN | \$62.00 | \$62.00 | \$62.00 | \$62.00 | \$62.00 | \$62.00 | \$93.00 | \$93.00 | \$93.00 |
| CNA | \$38.00 | \$38.00 | \$38.00 | \$38.00 | \$38.00 | \$38.00 | \$57.00 | \$57.00 | \$57.00 |

Crisis Rate- Hourly Rates by Position and Shift

| | M – F 7a-3p | M – F 3p-11p | M – F 11p-7a | Sat/Sun 7a-3p | Sat/Sun 3p-11p | Sat/Sun 11p-7a | Holiday 7a-3p | Holiday 3p-11p | Holiday 11p-7a |
|------------|----------------|-----------------|-----------------|------------------|-------------------|-------------------|------------------|-------------------|-------------------|
| RN | \$87.50 | \$87.50 | \$87.50 | \$87.50 | \$87.50 | \$87.50 | \$125.00 | \$125.00 | \$125.00 |
| LPN | \$77.50 | \$77.50 | \$77.50 | \$77.50 | \$77.50 | \$77.50 | \$115.00 | \$115.00 | \$115.00 |
| CNA | \$47.50 | \$47.50 | \$47.50 | \$47.50 | \$47.50 | \$47.50 | \$69.00 | \$69.00 | \$69.00 |

Year 2

Hourly Rates by Position and Shift

| | M – F 7a-3p | M – F 3p-11p | M – F 11p-7a | Sat/Sun 7a-3p | Sat/Sun 3p-11p | Sat/Sun 11p-7a | Holiday 7a-3p | Holiday 3p-11p | Holiday 11p-7a |
|------------|----------------|-----------------|-----------------|------------------|-------------------|-------------------|------------------|-------------------|-------------------|
| RN | \$70.00 | \$70.00 | \$70.00 | \$70.00 | \$70.00 | \$70.00 | \$105.00 | \$105.00 | \$105.00 |
| LPN | \$62.00 | \$62.00 | \$62.00 | \$62.00 | \$62.00 | \$62.00 | \$93.00 | \$93.00 | \$93.00 |
| CNA | \$38.00 | \$38.00 | \$38.00 | \$38.00 | \$38.00 | \$38.00 | \$57.00 | \$57.00 | \$57.00 |

Crisis Rate- Hourly Rates by Position and Shift

| | M – F 7a-3p | M – F 3p-11p | M – F 11p-7a | Sat/Sun 7a-3p | Sat/Sun 3p-11p | Sat/Sun 11p-7a | Holiday 7a-3p | Holiday 3p-11p | Holiday 11p-7a |
|------------|----------------|-----------------|-----------------|------------------|-------------------|-------------------|------------------|-------------------|-------------------|
| RN | \$87.50 | \$87.50 | \$87.50 | \$87.50 | \$87.50 | \$87.50 | \$125.00 | \$125.00 | \$125.00 |
| LPN | \$77.50 | \$77.50 | \$77.50 | \$77.50 | \$77.50 | \$77.50 | \$115.00 | \$115.00 | \$115.00 |
| CNA | \$47.50 | \$47.50 | \$47.50 | \$47.50 | \$47.50 | \$47.50 | \$69.00 | \$69.00 | \$69.00 |

Year 3

Hourly Rates by Position and Shift

| | M – F 7a-3p | M – F 3p-11p | M – F 11p-7a | Sat/Sun 7a-3p | Sat/Sun 3p-11p | Sat/Sun 11p-7a | Holiday 7a-3p | Holiday 3p-11p | Holiday 11p-7a |
|------------|----------------|-----------------|-----------------|------------------|-------------------|-------------------|------------------|-------------------|-------------------|
| RN | \$ 70.00 | \$ 70.00 | \$ 70.00 | \$ 70.00 | \$ 70.00 | \$ 70.00 | \$ 105.00 | \$ 105.00 | \$ 105.00 |
| LPN | \$ 64.00 | \$ 64.00 | \$ 64.00 | \$ 64.00 | \$ 64.00 | \$ 64.00 | \$ 96.00 | \$ 96.00 | \$ 96.00 |
| CNA | \$ 39.00 | \$ 39.00 | \$ 39.00 | \$ 39.00 | \$ 39.00 | \$ 39.00 | \$ 58.50 | \$ 58.50 | \$ 58.50 |

Crisis Rate- Hourly Rates by Position and Shift

| | M – F 7a-3p | M – F 3p-11p | M – F 11p-7a | Sat/Sun 7a-3p | Sat/Sun 3p-11p | Sat/Sun 11p-7a | Holiday 7a-3p | Holiday 3p-11p | Holiday 11p-7a |
|------------|----------------|-----------------|-----------------|------------------|-------------------|-------------------|------------------|-------------------|-------------------|
| RN | \$ 87.50 | \$ 87.50 | \$ 87.50 | \$ 87.50 | \$ 87.50 | \$ 87.50 | \$ 125.00 | \$ 125.00 | \$ 125.00 |
| LPN | \$ 77.50 | \$ 77.50 | \$ 77.50 | \$ 77.50 | \$ 77.50 | \$ 77.50 | \$ 115.00 | \$ 115.00 | \$ 115.00 |
| CNA | \$ 48.75 | \$ 48.75 | \$ 48.75 | \$ 48.75 | \$ 48.75 | \$ 48.75 | \$ 69.00 | \$ 69.00 | \$ 69.00 |

List holidays included in Holiday Rate(s) above:

| Holiday |
|---|
| 1. Fourth of July |
| 2. Easter |
| 3. Mother's Day |
| 4. Memorial Day |
| 5. Labor Day |
| 6. Thanksgiving Day |
| 7. Christmas Eve (Beginning with PM Shift) |
| 8. Christmas Day |
| 9. New Year's Eve (Beginning with PM Shift) |
| 10. New Year's Day |

Non-Mandatory Services

Check the appropriate boxes below to indicate if the service is included in the fee, available at an additional charge or not available.

| Services Please list non-mandatory services you provide: | Included in Fee | Additional Charge |
|---|--------------------|----------------------|
| | | |
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